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)	
ATE OF SOUTH CAROLINA	PUBLIC SERVICE COMMISSION  PUBLIC SERVICE CAPOLINA
	OF SOUTH CAROLL
Caption of Case)  Example: Application for a Class C Charter Certificate from  Doe the Doe's Limo	TRANSPORTATION COVER SHEET
Example: Application for a Class Coulombia.  John Doe dba Doe's Limo  O Tori	TRANSPORTATION
TANTI I TUE GOOD - "	OCKET 000 T
Request to amend passenger minus	OCKET UMBER: 2000 - 309 - T
Certificate Irom Date DECEIVE	- mag way will DOL
OOT ROOM) If this	is your first time filing an application with the PSC, you will assign one to you. If you a Docket Number. The Commission will assign one to you. If you have the Commission before, a Docket Number was assigned
ULI - 0 2003 have a	Docket Times before a Docket Times
	hould be entered above.
T, T, VV, VV/V	ephone: * 843-662-8524
(Please type or print)	¥
Submitted 11 Card CIYCLE Fax	
Address: * 458 Gui Maoro Che  ** Florences 50 29501 Ott	her:
Florences, SC 23/001	that paners
En	supplements the filing and service of pleadings of docketing and must
NOTE: The cover sheet and information contained herein neither replaces nor sheet and information contained herein neither neither the sheet and information contained herein neither neither the sheet and information contained herein neither n	ission of South Carolina for the purpose
NOTE: The cover sheet and information contained herein neither replaces nor as required by law. This form is required for use by the Public Service Commas required by law.	and a comply)
be filled out completely.  NATURE OF ACTION (Ch	
	Request for Name Change on Certificate
Application - Class A/A Restricted	Request to Amend Scope of Authority
	Request to Amend Tariff (rate increase, etc.)
Application - Class C Taxi	Request to Amend Talli (
Application - Class C Charter	Request to Amend Passenger Limit
Application - Class C Non-Emergency	
Application - Class C Not 2	Exhibit
Application - Class C Stretcher Van	Late-Filed Exhibit
Application - Class E Household Goods	Letter
Application - Class E Hazardous Waste	Proposed Order
Q.,	
Application Order	Publisher's Affidavit
	Reservation Letter
A subority to Oblain a Celumonia	Response
Request for Order Granting Authority to be Rescinded of Public Convenience and Necessity to be Rescinded	Return to Petition
Request for Cancellation of Certificate	
	Other:
Request for Suspension	
Request for Reinstatement	
Request for Reinstatement  If you have any questions about this form, please contact the	PUBLIC SERVICE COMMISSION at 803-898-3100
If you have any questions about this form, please contact the	
II And War	

CLASS C	AMENDMENT FORM	
File the original with:		Mail or fax a copy to:
Public Service Commission of South Carolin Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100	0CT - 8 2009	1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
1	H' (reorge Par	wer/canole
DATE: 4-29-09 H	, , , , , , , , , , , , , , , , , , ,	Chay vin
I have the following Certificate:		
Class C Taxi # (6964-B Class C Ch	arter#	Class C Charter Bus #
	· ·	-
Class C Non-Emergency #		o re de
Please consider this as my request for the following	llowing amendment(s) t	o my Certificate:
Name Change		
From: 44 Zel Time JACUSON	DBA:	
(Current Name)		(Current DBA if applicable)
·	DBA:	
TO: (New Name)		(New DBA if applicable)
C of Authoritis		
Scope of Authority	To:	
From:(Current Scope)		(New Scope)
Passenger Limit		~
From: 5	To:	1
(Current Limit Number)	()	lew Limit Number)
Hazeltine Tackson  (Name & DBA if applicable)  * Florence 5.c. 29501  (City, State, Zip Code)	* 458 (SI	reet and/or Mailing Address)  The Houten's  (Signature)
* 843-662-8524	* 00	NNCR
(Telephone Number)	owner	(Title) , president, vice-president, e Revised 9/12/08